

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 01520038

3 Please refund the following fee(s):

4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<u>1</u>	<u>12/29/04</u>	<u>\$ 50</u>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

7 TOTAL AMOUNT OF REFUND \$ 50

8 TO BE REFUNDED BY:

10 REASON:

- ☒ Overpayment
- ☐ Duplicate Payment
- ☐ No Fee Due (Explanation): _____

Treasury Check
☒ Credit Deposit A/C #: 18--3284

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson TITLE: Paralegal
 SIGNATURE: [Signature] PHONE: 308-9140
 OFFICE: PCT

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
 Refund Branch
 Crystal Park One, Room 802B